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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000858 (1)**

1. Corporation Name

**FLORIDA SMALL DISADVANTAGED MANUFACTURERS CORPORATION**

Principal Place of Business

Mailing Address

2930 COMMONWEALTH BLVD.  
TALLAHASSEE FL 32303  
US

P O BOX 4013  
TALLAHASSEE FL 32315



3. Date Incorporated or Qualified

03/11/1993

4. FEI Number

59-3170984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **390 N. Orange Ave.**

26 Suite, Apt. #, etc.

22 **Suite 1300**

27 Suite, Apt. #, etc.

City & State

City & State

23 **Orlando, FL**

28

Zip

Zip

24 **32801**

Country

25 **USA**

Country

26

29

30

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOUT, LEN W.  
% MOTOROLA, INC.  
1500 GATEWAY BLVD.  
BOYNTON BEACH FL 33426-8292

81 Name

**D.J. 'Buddy' Perez**

82 Street Address (P.O. Box Number is Not Acceptable)

~~17900 Beeline Hwy.~~ **P.O. Box 109600**

83

84 City

**Jupiter, WEST PALM BEACH, FL**

**33410-9600**

**33478**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee applicable.

(Not Registered Agent signature required when reinstating)

DATE

**1-13-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **BURCH, CLYDE**

STREET ADDRESS **10101 NINTH STREET NORTH**

CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE ☐ DELETE

NAME **BUSH, MICHAEL**

STREET ADDRESS **1501 72ND STREET NORTH**

CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **DEBORD, RICK**

STREET ADDRESS **2000 WEST NASA BLVD MS F08-221**

CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME **DUNBAR, MICHAEL**

STREET ADDRESS **5600 SANDLAKE RD, MP 141**

CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **MURPHY, SAM**

STREET ADDRESS **2930 COMMONWEALTH BLVD.**

CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ☐ Change ☒ Addition

**D.J. 'Buddy' Perez**

**P.O. Box 109600 N/A**

**West Palm Beach, FL 33410-9600**

D ☐ Change ☒ Addition

**Rick Korchak**

**390 N. Orange Ave., Suite 1300**

**Orlando, FL 32801**

D ☐ Change ☒ Addition

**Tony Walker**

**1500 Gateway Blvd. (M/S 107)**

**Boynton Beach, FL 33426-8292**

D ☐ Change ☒ Addition

**Pearl Hard**

**P.O. Box 99000 (MZ 15-1164) N/A**

**Melbourne, FL 32902-9101**

D ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**LEN W. STOUT**

DATE

**1-13-98 561-7966916**

CR2E037 (10/97)